

01-28-02

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Please type a plus sign (+) inside this box → ☐JC887 U.S. PTO  
01/24/0210/05/02  
10/24/02  
10/05/02**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**(only for new non-provisional applications  
under 37 CFR 1.53(b))

Attorney Docket No.

ORT-1573

First Named Inventor or Application Identifier

PLATA SALAMAN, Carlos

Express Mail No.

ET578164306US

**APPLICATION ELEMENTS**See MPEP Chapter 600 concerning  
utility patent application contents.ADDRESS TO: Assistant Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, DC 20231

1. ☒ **Fee Transmittal Form** (attached hereto in duplicate)
2. ☒ **Specification** [Total Pages: 41]  
(Preferred arrangement set forth below)
- Descriptive Title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☐ **Drawing(s)** (35 USC 113) [Total Sheets: 0]
4. **Oath or Declaration**
- a. ☐ Newly executed (original or copy)
  - b. ☒ Unexecuted original
  - c. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional check boxes 5 and 16)
- ☐ **Deletion of Inventor(s):** Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
5. ☐ **Incorporation by Reference** (useable if Box 4c is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ **Microfiche Computer Program** (Appendix)
7. **Nucleotide and/or Amino Acid Sequence Submission** (if applicable, all necessary)
- a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies
- ACCOMPANYING APPLICATION PARTS**
8. ☐ **Assignment Papers** (cover sheet & document(s))
9. ☐ **37 CFR 3.73(b) Statement**  
(when there is an assignee) ☐ Power of Attorney
10. ☐ **English Translation Document** (if applicable)
11. ☐ **Information Disclosure Statement**  
(IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ **Preliminary Amendment**
13. ☒ **Return Receipt Postcard** (MPEP 503)  
(Should be specifically itemized)
14. ☐ **Certified Copy of Priority Document(s)**  
(if foreign priority is claimed)
15. ☒ **Other: Express Mail Certification**

16. ☐ If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:  
Amend the specification by inserting before the first line: This is a ☐ Continuation ☐ Divisional  
☐ Continuation-in-Part (CIP) of prior application No.: \_\_\_\_\_, filed \_\_\_\_\_.

17. If a **DIVISIONAL APPLICATION**, please cancel original Claims \_\_\_\_\_ of the prior application before calculating the filing fee.

**18. Correspondence Address:**☐ Customer Number or Bar Code Label \_\_\_\_\_ or ☒ Correspondence Address below:

Name: Philip S. Johnson, Esq.  
Address: Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003, USA

**19. Telephone Contact:** Please direct all telephone calls or tele-faxes to John W. Wallen, III at:

Telephone: (858) 784-3239 Fax: (732) 524-2808

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME

John W. Wallen, III, Esq.

Reg. No. 35,403

SIGNATURE

DATE

24 January 2002

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	Not Assigned
	Filing Date	24 January 2002
	First Named Inventor	PLATA SALAMAN
	Group Art Unit	Not Assigned
	Examiner Name	Not Assigned
	Attorney Docket Number	ORT-1573

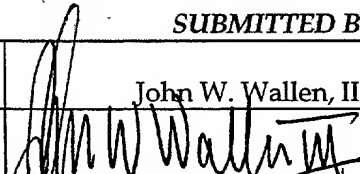
**FEE CALCULATION**

**CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE (\$710.00)
TOTAL CLAIMS	24 - 20 =	4	x 18.00	\$ 72.00
INDEPENDENT CLAIMS	4 - 3 =	1	x 80.00	\$ 80.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			<b>TOTAL FEES</b>	<b>\$ 862.00</b>

**METHOD OF PAYMENT**

- ☒ Please charge Deposit Account No. 10-0750/ORT-1573/JWW in the amount of \$862.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT-1573/JWW. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	John W. Wallen, III	Reg. No. 35,403
Signature	 Date: 24 Jan. 2002	<b>Deposit Account No. 10-0750</b>

2042210 32395001

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Carlos PLATA SALAMAN and Virginia SMITH-SWINTOSKY  
For: **TREATMENT OF NEUROLOGICAL DYSFUNCTION COMPRISING  
FRUCTOPYRANOSE SULFAMATES AND ERYTHROPOIETIN**  
Filed: 24 January 2002

**Express Mail Certificate**

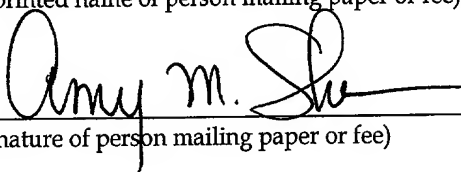
"Express Mail" mailing number: ET578164306US

Date of Deposit: 24 January 2002

I hereby certify that this complete application, including specification pages, claims, and Declaration and Power of Attorney (unsigned), is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Amy M. Sheridan

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)

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